

U.S. Postal Service

**CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

**CERTIFIED MAIL**

7001 0152 8000 8469 5852  
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**OFFICIAL USE**

Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	

Postmark  
Here

Sent To

John R. Walker  
Street, Apt. No.: 1416 Armfield Rd #4  
or PO Box No.  
City, State, ZIP+4  
Richmond, VA 23225-7542